

# Special Arrangements Form

Please complete the information below and submit it to us, either with an Application Form or by itself including the existing plan number. You should also keep a copy on your records.

## Funeral director

|   |   |                      |                      |
|---|---|----------------------|----------------------|
| Name of arranger                          | <input type="text"/>  |                      |                      |
| Funeral director's firm name              | <input type="text"/>  |                      |                      |
| Funeral director's address                | <input type="text"/>  |                      |                      |
|   | <input type="text"/>  |                      |                      |
| Postcode                                  | <input type="text"/>  | Tel. no.             | <input type="text"/> |
| Date of notification to plan provider     | <input type="text"/>  | <input type="text"/> | <input type="text"/> |
| Who do the special arrangements apply to? | <input type="checkbox"/> Covered individual <input type="checkbox"/> Joint covered individual <input type="checkbox"/> Planholder |                      |                      |
|   | <input type="checkbox"/> Nominated representative   |                      |                      |

## Covered individual/planholder

|                                   |                                    |                                       |                                      |                                   |
|-----------------------------------|------------------------------------|---------------------------------------|--------------------------------------|-----------------------------------|
| Title                             | <input type="text"/>               | First name(s)                         | <input type="text"/>                 |                                   |
| Surname                           | <input type="text"/>               |                                       |                                      |                                   |
| Address                           | <input type="text"/>               |                                       |                                      |                                   |
|                                   | <input type="text"/>               |                                       | Postcode                             | <input type="text"/>              |
| Plan no.                          | <input type="text"/>               |                                       |                                      |                                   |
| Type of interaction with customer | <input type="checkbox"/> In person | <input type="checkbox"/> On the phone | <input type="checkbox"/> In a letter | <input type="checkbox"/> By email |

## Notification of special arrangements

Reason for special arrangements e.g. sight impairment and action(s) required e.g. large print

|   |   |   |                                     |                                     |                                |
|---|---|---|-------------------------------------|-------------------------------------|--------------------------------|
| How was this identified?  | <input type="checkbox"/> The person concerned told me                     | <input type="checkbox"/> The nominated representative told me |                                     |                                     |                                |
|   | <input type="checkbox"/> A family member or friend told me                | <input type="checkbox"/> I drew my own conclusion             |                                     |                                     |                                |
| Special arrangements category   | <input type="checkbox"/> Health   | <input type="checkbox"/> Life event                           | <input type="checkbox"/> Resilience | <input type="checkbox"/> Capability | <input type="checkbox"/> Other |
| Has the customer given permission to record this information and to share it with us? | <input type="checkbox"/> Yes <input type="checkbox"/> No                  |   |                                     |                                     |                                |
| Is the special arrangement(s)   | <input type="checkbox"/> temporary or <input type="checkbox"/> permanent? |   |                                     |                                     |                                |
| If temporary, what is the expected end date?  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>                | <input type="text"/>                | <input type="text"/>           |